FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90016 003 ****61.25

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DOCUMENT # N33974

1. Corporation Name
430 BUILDING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
430 NORTH MAIN STREET GAINESVILLE FL 32601-5329	430 NORTH MAIN STREET GAINESVILLE FL 32601-5329

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
08/28/1989

4. FEI Number
59-3065998
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

O'HARA, EMILY F
10414 SW 55TH PLACE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: O'Hara, Emily F
82 Street Address (P.O. Box Number is Not Acceptable): 10328 SW 55th Place
83
84 City: Gainesville FL 85 Zip Code: 32608

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Emily F. O'Hara — 1/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'HARA, EMILY		1.2 NAME		
STREET ADDRESS	10414 SW 55TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAOINESVILLE FL 32608		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, JUANITA		2.2 NAME		
STREET ADDRESS	4808 NW 57TH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, BEVERLY		3.2 NAME		
STREET ADDRESS	1421 NW 47TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, MARTHA		4.2 NAME		
STREET ADDRESS	3115 NW 31ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARTWELL, LONNIE D		5.2 NAME		
STREET ADDRESS	1830 SW 44TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HERBSTMAN, BARBARA		6.2 NAME		
STREET ADDRESS	407 S.W. 80TH DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emily F. O'Hara — Emily F. O'Hara — 1/14/99 — (352) 335-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #